

Texas Department of Criminal Justice
DOL FORM WH-380-F

An employee taking family medical leave (FML) for the serious health condition of a **family member** may obtain the “Certification of Health Care Provider for Family Member’s Serious Health Condition (*Family and Medical Leave Act*),” Form WH-380-F from the U.S. Department of Labor website: <http://www.dol.gov>. Click on the “Forms” link and print both this attachment and the form.

G.I.N.A. Statement:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, the genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistance reproductive services (75 Fed. Reg. 68934).

An employee’s human resources representative may also access and print the form and the GINA statement for the employee.